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ABSTRACT

During 1983 the Colorado Migrant Health Program, together with the Colorado Migrant Education Program, provided students enrolled in migrant summer schools with a continuum of care which included screening and physical assessment for detection of existing and potential health problems, referral for diagnosis and treatment of identified abnormalities, case management/follow-up, and preventive and health promotion/health maintenance services. The program employed 15 nurses, 15 dental hygienists, 13 nutritionists, 29 dental students or recent graduates, and 9 nursing students. These health providers were placed in multidisciplinary teams and deployed in close proximity to all 14 migrant education summer school sites. A total of 1,724 migrant children, ranging in age from 1 to 20 years (62.6% between 5 and 10 years of age) received one or more services. To enhance the general health status of the migrant farmworker population, all health team members were responsible for participating in classroom education, discussion groups, staff in-service training, and presentations at "family nights." This report provides information on the service population, service providers, health encounters (face-to-face interaction between provider and student), health screening procedures and outcomes, most frequent diagnosis, health education activities and curriculum, financial resources, and future plans. Comparative statistics by school site are appended. (NQA)

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FINAL REPORT

MIGRANT EDUCATION HEALTH PROGRAM

- 1983 -

COLORADO DEPARTMENT OF EDUCATION
MIGRANT EDUCATION PROGRAM

COLORADO DEPARTMENT OF HEALTH
MIGRANT HEALTH PROGRAM

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INTRODUCTION

September 30, 1983 marked the completion of the eleventh consecutive year that the Colorado Migrant Education Program and the Colorado Migrant Health Program have collaborated in the planning and implementation of a comprehensive health program for Migrant Summer School students. This collaboration has continually increased over the past several years as both programs have grown to appreciate that regardless of administrative affiliation, funding resources or individual organizational objectives - both programs share a common mission: to participate in enhancing the physical, mental, social and economic well-being of migrant farmworkers. Both programs acknowledge that this mission requires a major focus on migrant children.

Not only do children of migrant farmworkers face the typical diseases and health problems of childhood but, in addition, they also confront numerous health problems and risks associated with their migratory lifestyle and the environmental hazards associated with agricultural work. They also confront numerous social, cultual and language barriers which often preclude their ability to access regular, comprehensive health care. It is clear that maximum educational achievement may be hindered by undiagnosed and untreated health problems - the young migrant child with undiagnosed hearing or vision problems will obviously experience difficulty in learning - regardless of the quality of the educational program presented. Other less obvious but equally significant undetected health conditions such as anemia, respiratory infections, otitis media and dental disease also contribute to listlessness and distraction due to pain which may inhibit the education process. In addition, although it is axiomatic that children in poor health will not achieve their full educational potential, it is also critically important to view the development of healthful lifestyles and health practices as essential elements of each child's educational experience.

Mutally supportive goals and the acknowledgement of the relationship between good health and the migrant child's ability to fully participate in the educational process set the stage of the 1983 Migrant Education Health Program.

This report is intended to detail the activities of this effort and to meet the following objectives:

1. To provide accountability to Migrant Education Program that the health services provided were within the scope and financial estimates of the 1983 contractual agreement;

2. To share with Migrant Edication staff and parents information gained about the relative health status and needs of migrant children in Colorado;

3. To provide an information base which will initiate planning efforts directed toward the 1984 Migrant Education Health Program.

SECTION
I
HEALTH PROGRAM OVERVIEW

A. Service Population Profile:

A total of 1,724 migrant children identified as Chapter I enrollees received one or more services from the Colorado Migrant Health Program during the summer months of 1983. The students ranged in age from less than 1 through age 20, with the majority (62.6%) between the ages of 5 and 10. The next largest group (32.5%) were between the ages of 11 and 16. 49.9% were female and 50.1% were male. With regard to migrant status, 50% were interstate migrants, 8% were intrastate migrants and 42% were into their third, fourth or fifth year of "settling out". 98.6% were Hispanic, 1.0% were Anglo and .4% were Native Americans.

The following tables reflect the demographic statistics of this population:

TABLE 1

AGE DISTRIBUTION OF MIGRANT EDUCATION
SUMMER ENROLLEES
- 1983 -

AGE	FREQUENCY	PERCENT	CUMMULATIVE PERCENTAGE
1	1	0.1%	0.1%
1	4	0.2	0.3
2	7	0.4	0.7
3	6	0.3	1.0
4	9	0.5	1.5
5	115	6.7	8.2
6	208	12.1	20.3
7	186	10.8	31.1
8	201	11.7	42.8
9	197	11.4	54.2
10	173	10.1	64.3
11	174	10.1	74.4
12	140	8.1	82.5
13	93	5.4	87.9
14	63	3.7	91.6
15	53	3.1	94.7
16	38	2.2	96.9
17	30	1.7	98.6
18	18	1.0	99.6
19	6	.3	99.1
20	2	.1	100%
	1,724	100%	

TABLE II

SEX OF MIGRANT EDUCATION ENROLLEES - 1983

SEX	FREQUENCY	PERCENT
FEMALE	860	49.9%
MALE	864	50.1
	1,724	100 %

TABLE III

MIGRANT STATUS OF MIGRANT EDUCATION ENROLLEES - 1983

MIGRANT STATUS	FREQUENCY	PERCENT
INTERSTATE	860	49.9%
INTRASTATE	134	7.8
SETTING-OUT	730	42.3
	1,724	100 %

DEFINITIONS: Interstate Migrants are children of migratory farm-workers who come to Colorado from outside the state (e.g. Texas) for the express purpose of working in agriculture.

Intrastate Migrants are children of migratory farm-workers who live year-round in Colorado and move within the state for the express purpose of working in agriculture (e.g. from Trinidad to Fort Lupton).

Settling-out Migrants are children of migratory farm workers who have remained in the school district for more than two years, but less than five years.

TABLE IV

ETHNIC STATUS OF MIGRANT EDUCATION ENROLLEES - 1983

ETHNICITY	FREQUENCY	PERCENT
HISPANIC	1,700	98.61%
ANGLO	17	0.99
NATIVE AMERICAN	7	0.40
	1,724	100 %

B. Service Providers:

The purpose of the contractual relationship between the Colorado Migrant Education Program and the Colorado Migrant Health Program is to assure that students enrolled in Migrant Summer Schools will have available to them a continuum of care which includes: screening and physical assessment for detection of existing and potential health problems, referral for diagnosis and treatment of identified abnormalities, case management/follow-up, and preventive and health promotion/health maintenance services. It was intended that health services be closely coordinated with day-to-day educational activities and involve, to the extent possible, parents and other family members.

In order to provide this full continuum of care, two categories of health providers are required: 1) nearly two-hundred (200) local providers (e.g. physicians, dentists, pharmacist, allied health providers) either in private practice or working with community -based care organizations, and 2) seasonal-hire staff who are recruited nation-wide for the duration of the Migrant Education Summer Schools. During 1983, a number of health providers were employed on this basis. This number included:

15 nurses

15 dental hygienists

13 nutritionists

29 dental students or recent graduates

9 nursing students

These health providers were placed in multidisciplinary teams and deployed in close proximity to all fourteen (14) Migrant Education Summer School sites. This deployment is displayed in the following table:

TABLE V

DEPLOYMENT OF SEASONAL HEALTH PROVIDERS
- 1983 -

Site	M.E. Nurses	Nutritionist	Dental Hygienist	Dental Students	Nursing Students
Ft. Lupton	1	1	1	4	1
Brighton	1	1	1	4	1
Longmont	1.5	1	2	3	1
Ft. Collins	1	1	2	1	1
Kersey	1.5	1	1	2	2
Sterling	.5	1	.5	1	-
Ft. Morgan	1	1	1	2	1
Lamar	1	1	1	2	-
Burlington	1	0	0	0	0
Rocky Ford	1	1	1	3	-
Pueblo	1	1	.5	1	-
Alamosa	2	1	1.5	2	2
Olathe	.5	1	1	2	-
Grand Jct.	1	1	1	2	-
TOTAL	15	13	15	29	9

C. Health Encounter:

During the summer 1983, 1,724 Migrant Education enrollees had a total of 10,815 encounters with health personnel from the Colorado Migrant Health Program. This represents an average of 6.3 encounters per student.

A health encounter is defined as a face-to-face interaction between a health provider and a student (or the student's parent(s)) which requires independent judgement based upon the health provider's training and is of sufficient importance to be recorded in the patient chart. Health care encounters are divided into the following categories:

1. New and repeat medical encounters

2. New and repeat dental encounters

3. New and repeat nutrition encounters

"New" medical, dental and nutrition encounters are those that happen during the first interaction with the patient. "Repeat" encounters are those that happen subsequent to the initial (new) contact and are either follow-up to the condition identified during the initial contact, or new health conditions which have arisen after the first contact.

The following table presents the number of encounters by service category:

TABLE VI

NUMBER OF PATIENT ENCOUNTERS
- 1983 -

SERVICE CATEGORY	FREQUENCY	CATEGORY TOTAL	PERCENT OF TOTAL
MEDICAL		5,200	48.1%
New	1,653		
Repeat	3,547		
DENTAL		4,981	46.1
New	1,640		
Repeat	3,341		
NUTRITION		634	5.8
New	389		
Repeat	245		
	10,815	10,815	100%

48.1% of all encounters were for medical reasons, and 46.1% were for dental . It is significant to note that nutritionists play an integral role in performing many medical screening - activity which is not reflected in the table above.

It is also of interest to note the sites at which these services were delivered to migrant children. The following table reflects this information:

TABLE VII

PATIENT ENCOUNTERS
BY SITE OF SERVICE
- 1983 -

SERVICE SITE	FREQUENCY	PERCENT
MIGRANT EDUCATION SCHOOLS	7,176	66.37%
MIGRANT EDUCATION NIGHT SCHOOL	155	1.43
DENTAL OFFICE	2,597	24.00
PHYSICIAN OFFICE	318	2.94
STUDENT'S HOMES	395	3.65
CMHP CLINIC	121	1.12
HOSPITAL	12	.11
HEALTH DEPARTMENT	41	.38
TOTALS	10,815	100%

As is evident from the preceding table, sixty-eight percent (67.8%) of all patients were offered services at a school site. Office of medical and dental practitioners were the second most frequent sites of services (26.94%) followed by services delivered in the home (3.65%).

It is of additional interest to examine where services were delivered by individual health practitioners. The following the tables reflect the sites of service delivery by nursing, dental hygiene and nutrition personnel:

TABLE VIII

NURSING* ENCOUNTERS BY
SERVICE DELIVERY SITES
- 1983 -

SERVICE SITE	FREQUENCY	PERCENT
MIGRANT EDUCATION SCHOOLS	3,854	92.7%
MIGRANT EDUCATION NIGHT SCHOOLS	71	1.7
HOME	145	3.5
CMHP CLINIC	24	0.6
OTHER**	62	1.5
TOTALS:	4,156	100%

NOTES: *Includes Migrant Education nurses, CMHP nurses and nursing students.

**Includes physician's office, local health departments, dental offices, hospital.

TABLE IX

DENTAL HYGIENE ENCOUNTERS
BY SERVICE DELIVERY SITES
- 1983 -

SERVICE SITE	FREQUENCY	PERCENT
MIGRANT EDUCATION SCHOOLS	2,642	93.2%
MIGRANT EDUCATION NIGHT SCHOOLS	74	2.6
HOME	31	1.1
DENTAL OFFICE	64	2.3
CMHP CLINIC	23	.8
TOTALS:	2,834	100%

NOTE: This table does not reflect the encounters by dentists and dental students.

TABLE X

NUTRITION ENCOUNTERS BY
SERVICE DELIVERY SITE
- 1983 -

SERVICE SITE	FREQUENCY	PERCENT
MIGRANT EDUCATION SCHOOL	389	47.7%
MIGRANT EDUCATION NIGHT SCHOOLS	10	1.2
HOME	395	48.5
CMHP CLINIC	21	2.6
TOTALS:	815	100%

It is significant to note that approximately ninety-three percent (93%) of all nursing and dental hygiene encounters took place at a Migrant Education school site. This contrasts with the nutrition encounters which took place only forty-eight percent (48%) in school sites and more than forty-eight percent (48%) in the student's homes. This is reflective of the high priority placed by the nutrition component on engaging the the whole family in nutrition services.

SECTION
II

HEALTH STATUS OF MIGRANT EDUCATION STUDENTS - 1983 -

A. Health Screening:

Over the past several years of close interaction with the migrant child, the Colorado Migrant Health Program has come to anticipate which health problems are most prevalent within this population. These conditions are as follows:

1. Abnormal growth (e.g. overweight, underweight)
2. Iron deficiency anemia
3. Elevated blood pressure
4. Diminished hearing
5. Diminished vision
6. Scoliosis
7. Dental disease

In order to identify the presence of these conditions as soon as possible (so that intervention may be offered while the children are available for services), all health team members participate in screening clinics conducted during the first week that children attend migrant summer schools. Screening is offered thereafter on a weekly basis to identify health problems in students who begin attending at a later date. The following is a brief summary of the screening procedures offered:

Height and weight measurements are taken on all Chapter I children. Results are plotted on a National Center for Health Statistics (NCHS) growth chart. "Abnormals" result in a diagnosis of underweight, overweight or short stature. Underweight is defined as being at the 10th percentile or below, weight for height, on the growth chart. Overweight is defined as at the 90th percentile or above, weight for height. Short stature is at the 10th percentile or below, height for age. The latter diagnosis is controversial. It is not known with reliability if relative "short stature" is determined primarily by genetic or environmental factors. Norms for height and weight are not currently available for the hispanic population. However, the HANES study conducted in Weld County in 1982 should provide more data about the Hispanic population in the near future.

The reason that short stature is included in these protocols is that it may be used as an indicator of abnormal nutritional status in other programs, such as the Women, Infants and Children (WIC) Supplemental Food Program. Short stature, overweight and underweight are considered possible indicators of abnormal nutritional status. Follow-up consists of diet assessment, assessment of the child's medical history and individual counseling with the child and the child's family.

Hematocrits are done to assess the possibility of iron deficiency anemia. Children having borderline anemia are followed-up by the nutritionist. Children with clinical anemia are referred to a physician, and may also be followed-up by the nutritionist. Follow-up consists of diet assessment, assessment of the child's medical history and individual counseling with the child and the child's family. Children with abnormal hematocrits are rescreened at the end of the summer to assess whether or not the anemia has been resolved or improved.

Blood pressures are taken for two reasons. The first reason is that elevated blood pressure may indicate serious disorders such as kidney disease or cardiovascular disease. The second reason is that blood pressure measurements serve as baseline data on a child, so that the child's "normal" can be established for future reference. Abnormal blood pressure is follow-up by the Migrant Education nurse. The nurse rescreens the child several times and if the blood pressure remains elevated, refers the child to a physician. The nutritionist may do diet counseling, if it is determined that the elevated blood pressure is complicated by the child's nutritional status (e.g. obesity).

Hearing screening is usually conducted by the nurse on selected students. When a child fails a hearing screening, the child is rescreened on another day unless there is evidence to indicate the possible presence of otitis media. (If there is such evidence, the nurse will immedicately refer the child to a physician, and rescreen the child's hearing after resolution of the infection.) Children who fail screening twice are referred to a local audiologist for further diagnostic evaluation.

Scoliosis screening is done on all 11 year old children by the Migrant Education nurse. This screening procedure is done to assure that the child's spine is growing straight. Abnormals are rescreened, and if still abnormal, are referred for X-ray. It the X-ray indicates the need for immediate intervention, the child is then referred to the Handicapped Children's Program

Vision screening is done using a Snellen chart. Abnormal screenings are referred to local providers if rescreening indicates the need.

Dental Screening consists of an examination of the teeth and oral structures. The purpose of this screening is to identify those children in need of professional dental treatment.

Dental screening is done by one of the dental providers, most often the dental hygienist. At the time of screening, the children are prioritized according to the severity of need. Children with the most serious treatment needs are referred first for care, with less serious conditions being referred as time and financial resources allow. Because dental problems are related in part to poor nutrition and oral hygiene practices, referrals to the dental hygienist and/or nutritionist for counseling and education are also made at the time of screening.

PPD (Purified Protein Deriviative) is a skin test which determines exposure to the tubercle bacillus. This screening procedure is preformed by the Migrant Education nurse on all kindergarteners and 7th graders who have not been tested within the past four years. The skin test is read 48 and 72 hours later. Children with positive tests are referred for X-rays.

Physical Exams are no longer routinely done on all children every year. Only interstate children who have never had a physical examination, or children with symptoms which indicate the need, are referred for a physical.

B. Screening Outcomes:

During the 1983 Migrant Education Summer School sessions, a total of 1,478 children received most screening services and 1,640 students received dental screening. It should be noted that the limited purpose of screening these children is to identify which children have health conditions which require follow-up intervention. Unfortunately, at this time there is no comparable baseline data which may be utilized to describe the health status of this population vis-a-vis a non-migratory Hispanic student population. As indicated earlier, the 1982 HANES study conducted in Weld County will provide comparative data which may be utilized as a basis of comparison in 1984.

The following table reflects the "abnormal" findings identified through the screening process in 1983:

TABLE XI

MIGRANT EDUCATION
SCREENING OUTCOMES
- 1983 -

SCREENING PROCEDURE	NUMBER SCREENED	NUMBER ABNORMALS	PERCENT ABNORMAL
HEIGHT/WEIGHT:			
Overweight	1,478	192	13%
Underweight	1,478	52	3%
Short Stature	1,478	286	19%
HEMATOCRIT	1,478	360	25%
BLOOD PRESSURE	1,546	24	1.6
HEARING	1,080	70	6.5
SCOLIOSIS	354	10	2.8
VISION	1,557	147	9.4
DENTAL	1,640	1166	71.1%

As is readily apparent from the preceeding table, dental disease is the major health problem for migrant children with 1,166 students (or 71%) having identifiable dental problems. 120 (7.3%) were identified as requiring immediate referral for relief of pain and/or treatment of dental infection. 117 of these students (97.5%) received such services. the remaining three (3) students with emergency needs left the area before treatment could be initiated.

The following preliminary statements may be offered:

- 69.4% of students with identified dental problems received complete treatment;
- 8.3% of students with identified dental problems received partial treatment;
- there were a total of 2,597 visits to dental offices, an average of 2.9 visits per child receiving treatment;
- 13.0% of students with identified dental problems were not referred for treatment because their dental problems were low priority;
- .3% of students with identified dental problems were not referred because parents did not sign parent consent form;
- 8.7% of students with identified dental problems were referred but moved before dental treatment could be initiated.

In addition to treatment offered for acute and chronic dental problems, substantial emphasis is placed on preventive dental services. During the 1983 summer school session, a total of 1,300 students received dental prophylaxis and fluoride application treatments. This represents 81% of the children receiving dental screenings. Portable dental equipment made it possible for the dental hygienist to provide the majority of this treatment within the school setting. Dental hygienists also initiated twice-weekly fluoride rinse programs in the classroom.

A special sealant pilot project was initiated in Longmont, Fort Lupton, Brighton. An evaluation report will be available in January 1984.

In order of significance, the second most prevalent abnormalities were related to nutritional problems. Screening results coupled with physical examinations, health histories, diet assessments and child/parent complaints identified 730 nutritional problems requiring follow-up. 618 (85%) of these problems were provided follow-up services by nutritionists.

The rank of prevalence of nutrition problems within the Migrant Education summer school population is as follows:

1. Anemia (borderline and clinical)
2. Short status
3. Overweight
4. Other nutrition problems
5. Underweight

The category "other nutrition problems" includes: food allergies, chronic diarrhea, diabetes, hypertension, dental problems and improper eating behavior (such as high intake of refined carbohydrates).

C. Most Frequent Diagnosis:

Analysis of the diagnostic codes placed on authorizations and encounter forms validates the findings identified during the screening process.

The following table reflects the rank order of incidence of health problems identified in 1983:

TABLE XII

RANK ORDER OF MOST
FREQUENT HEALTH PROBLEMS
- 1983 -

RANK	DIAGNOSTIC CATEGORY	EXAMPLES
1	Dental Problems	(see narrative above
2	Nutrition Problems	(see narrative above
3	Injury/Accidents	abraisons/open wounds fractures, sprains
4	Ear, Nose Throat	otitis media, otitis externa, abnormal hearing, ear disease-unspecified
5	Skin/Subcutaneous	rash-unspecified, skin eruption, other abnormal skin conditions
6	Eye	failed vision test, acute conjunctivities refractive error, eye lid infection
7	Infectious Disease	pediculosis, tuberculosis, strept throat, chicken pox
8	Respiratory System	tonsilitis, adenoiditis, common cold, acute URI

SECTION
III

HEALTH EDUCATION

As noted in the introduction of this report, in order to enhance the general health status of the migrant farmworker population it is necessary to place a high priority on assisting migrant children to develop healthful lifestyles and health practices.

A. Health education Activities - 1983

In support of this goal, all health team members were charged with the responsibility of engaging in a number of health promotion activities. These activities involved participation in classroom education, discussion groups, staff in-service training and presentations at "family nights".

During the summer of 1983, classroom education and small group sessions involved participation of 4,625 attendees, or an average of 2.7 health promotion encounters per child. 134 staff in-service training sessions involved 902 attendees. In additions, nine (9) family night presentations were offered involving a total estimated audience of 2,080.

Group sessions conducted by nursing personnel included classroom teaching directed toward specific health problems as well as broader topics related to health promotion and safety. Included topics were high blood pressure, the Heimlich Maneuver, function of the human heart, pesticides, safety and first aid.

Staff inservice training sessions were designed to provide teachers and other education staff members with sufficient skills to deal with minor health problems and to recognize signs and symptoms of health problems in children so that early intervention is possible. Family night presentations included discussions of screening procedures and explanation of why screening is conducted, pesticide safety and high blood pressure. In some sites, nurses offered select screening procedures for parents.

Classroom sessions developed by the dental hygiene staff covered the following topics: proper brushing and flossing, dental nutrition, what happens in visits to dental offices, the etiology of dental disease and the structure and function of teeth.

Staff inservice training by dental hygiene presonnel included: the relationship between dental disease and good health, proper brushing and flossing, the etiology of dental disease, bottlemouth caries and the incorporation of dental health education into academic curriculum. In addition dental hygienists participated in thirteen (13) dental health promotion sessions during family nights.

Group sessions developed by nutritionists included both classroom teaching and discussion groups for children with specific nutrition problems. Specific topics included: healthy snacking, balanced diets, the relationship between nutrition and health, high iron foods and anemia.

Staff inservice provided by nutritionists included the following topics: incorporation of nutrition education into academic instruction, methods of increasing the iron content of school meals, alternative snack ideas, ways to prepare foods with fewer calories and less salt. Family night presentations included: how to identify nutrition related health problems, the relationship between nutrition and health and how to diet using culturally acceptable foods. Several nutrition education plays for parents were presented.

TABLE XIII

HEALTH EDUCATION/PROMOTION
ACTIVITIES
- 1983 -

EDUCATION CATEGORY	GROUP/CLASS-ROOM SESSIONS	# PERSONS ATTENDING	STAFF IN-SERVICES	# PERSONS ATTENDING	FAMILY NIGHT PRESENTATIONS	# PERSONS ATTENDING
Nursing	76	1,326	89	541	9	740
Dental	119	1,882	21	164	6	790
Nutrition	120	1,540	24	197	7	650
TOTALS:	315	4,748	134	902	22	2,180

B. Health Education Development Activities:

In addition to the activities described above, major effort in 1983 was directed toward the incorporation and integration of health education units on selected health education topic areas into the migrant school curriculum. The topic areas selected are Dental Health, Nutrition and Safety Education.

The units were developed for Level I (lower elementary) and Level II (upper elementary). Each topic area and level have two to four classroom lessons developed around specific, measurable learning objectives. Each lesson contains:

1) A concept sheet for the teacher with basic background information on the subject matter;

2) Learning objectives and related bilingual activities;

3) Supplemental materials which include hand-out pamphlets, student worksheets, and related activities in other classes.

4) Related parent activities;

5) Evaluation instruments;

The health education units were utilized in every summer school except Burlington. The above statistics do not include health education sessions conducted by migrant school staff. This accounts for the reduced number of group classroom sessions in 1983 over 1982. A complete evaluation of utilization of the health curriculum is in the preparation stages. Initial cursery examination of the data indicates that the units were well received by teachers and health team members alike. The evaluation report including recommendations for future use will be available in January, 1984.

SECTION
IV

FINANCIAL RESOURCES

The financial resources provided by the Colorado Department of Education Migrant Education Program in support of the 1983 health program were deployed in the following cost categories:

TABLE XIV

BUDGET ALLOCATION BY
SERVICE CATEGORY

COST CATEGORY	AMOUNT ALLOCATED	PERCENT OF BUDGET
Medical Care	$ 13,113	11.9%
Nursing Services	35,946	32.7
Dental Care	33,122	30.1
Dental Hygiene Services	20,393	18.5
Nutrition Services	7,426	6.8
TOTALS:	$ 110,000	100%

NOTES:

1. "Medical Care" includes medical treatment provided by local physicians, clinics, laboratories and hospitals as well as costs of medications.
2. "Nursing Services" includes nurse's salaries, travel, supplies and costs associated with orientation.
3. "Dental care" includes dental treatment provided by local dentists, as well as stipends paid to dental students.
4. "Dental Hygiene Services" includes salaries, travel, dental supplies and costs associated with orientation.
5. "Nutrition services" includes salaries, travel, supplies and costs associated with orientation.
6. Indirect costs are prorated into each category.

As is evident from the proceeding table, 44.6% of the total budget was allocated for Medical Services, 48.6% for Dental Services and 6.8% for Nutrition Services. Based upon the enrollment figure of 1,724 students, the average cost per student for the full range of services offered was $63.80.

It is significant to note that although services were offered to Migrant Education Students at a cost to the Department of Education of $110,000.00, the total value of services offered far exceeded this amount. This is due to a number of cost-effective mechanisms which have been developed over the past several years. The dental program offers a number of tangible examples of this cost-effectiveness:

1. When dental services are provided by a dental student under the direct supervision of local dentists, the cost to the program is only one-third (1/3) to one-half (1/2) the usual and customary charge;

2. When dental services are provided at the Mesa County Health Department, there is no charge beyond the monthly stipend paid to the dental graduate who staffs the clinic.

3. Both Plan de Salud del Valle and Sunrise Community Health Center provide comprehensive dental services to migrant students in Weld and Boulder Counties in return for minimal payments.

(As a result of the three examples presented above, for an investment of $34,462, migrant students received dental treatment valued at $115,379 - a net savings of $80,917 or 70.1%.)

4. Dental prophylaxis (cleaning) and topical fluoride applications are provided by dental hygienists in the migrant school with portable equipment. A total of 1,300 prophylaxis and fluoride applications were provided in 1983. In the private sector these services would cost $30.00 per patient or a total of $39,000. The total cost to CDE for dental hygienists in 1983 was $20,393 -- 53% of the value of just these servies alone -- and this does not account for more than one-half (1/2) of the services provided by hygienists (other duties include dental screening, case management, patient/parent education, classroom education, staff in-service training, etc.)

The following table provide supportive documentation to the statements above:

TABLE XV
DENTAL TREATMENT COSTS - ESTIMATED COST,
VAULE OF TREATMENT, EXPENDITURE BY SOURCE
- 1983 -

SITE	EST. COSTS	ACTUAL VALUE OF TREATMENT PROVIDED	ACTUAL AMOUNT PAID FOR TREATMENT	AMOUNT PAID BY TITLE I FUNDS	AMT PAID DHHS FUNDS*	AMT. PAID BY LEA
Brighton	$ 10,000	$ 12,238	$ 2,000	$ 2,000	$ 0	$
Fort Lupton	11,000	14,985	2,500	2,500	0	
Longmont	13,000	15,376	1,890	1,890	0	
Kersey	21,000	15,571	2,183	1,709	474	
Fort Collins	7,100	4,773	2,663	2,163	500	
Fort Morgan	5,500	4,069	2,032	2,032	0	
Sterling	5,500	5,604	3,125	2,693	432	
Burlington	3,730	1,292	1,292	366	926	
Lamar	6,230	4,247	2,219	2,219	0	
Rocky Ford	14,800	9,504	4,811	2,611	0	2,200
Pueblo	8,225	6,176	2,743	343	0	2,400
Alamosa	13,000	7,901	4,168	1,628	1,340	1,200
Grd. Jct.	12,000	9,491	320	320	0	0
Olathe	6,500	4,152	2,516	733	983	800
TOTAL:	$137,585	$ 115,379	$ 34,462	$ 23,207	$ 4,655	$ 6,600

*DHHS Grant Medicaid funds are not included.

Major savings are also realized in the Medical Cost category. For example:

- Several private physicians and local medical practices offer reduced rates for migrant children enrolled in Migrant Education (range from 15% - 30%);

- Again, Plan de Salud del Valle and Sunrise Community Health Center offer medical services to migrant children at minimal cost per patient visit (average $5.00);

- Local hospitals have agreed to accept minimal payments in return for both out-patient and in-patient hospital services;

- Local pharmacists have agreed to offer services in accordance with MAC (maximum allowable costs) guidelines;

- Local health departments offer a multitude of services at minimal or no cost (e.g. immunizations).

Although precise cost vs. value analysis is not yet complete for 1983 medical encounters, it is anticipated that approximately a thirty percent (30%) net savings will be realized.

SECTION

V

SETTING THE STAGE FOR 1984

With the preceeding sections as background, this section, in conjunction with the appendix, is intended to set the stage for the 1984 Migrant Education Health Program.

Although service delivery standards were maintained in most respects, 1983 has been one of the most difficult years ever with regard to providing services to enrollees in Colorado's fourteen Migrant Education Summer Schools. This difficulty was due primarily to a number of structural adustments within Colorado's Migrant Education Program. Examples:

- Late in the year, major budget reductions caused most areas to plan on a one to two week reduction in the number of weeks the schools could be open (e.g. from 10 weeks to 8 weeks; from 6 weeks to 5 weeks).

- Some schools decided to open later than originally planned; some decided to close earlier in the summer.

- The MSRTS system broke down. Due to major hardware and software adjustments at the main computer center in Little Rock Arkansas, health records arrived from two to four weeks late in almost all sites. In many sites, the information (when it did arrive) contained major errors in fact due to missed instructions regarding transcription and coding. This is thought to be "a one-time occurrence". However, this was agony for nurses who had to ascertain immunization status and order biologicals, and for dental hygienists needing to refer dental emergencies and develop appropriate treatment plans without knowing if the children had histories of heart murmurs or rheumatic fever.

- Also due to budget reductions, many of the persons working for migrant education who were responsible for obtaining basic health information on enrollees were either recently rehired (having been laid off for several weeks or months) or newly hired personnel. All personnel (because there were fewer) had expanded responsibilities. This caused many errors in, and absences of, necessary health information and parental authorization for screening services at the time the health teams were placed.

In addition to these structural difficulties, the delay in sugar beet contract negotiations in Northeastern Colorado and the heavy, late rains in the Arkansas Valley, the San Luis Valley and North Central Colorado, caused many migrant families to arrive later than usual. As a result, many children enrolled two to three weeks late in an already shortened school program. This worsened an already difficult situation for education staff as well as health personnel.

Although health service delivery standards were maintained, the experience of the summer of 1983 suggests that a number of program adjustments will be required in order to maximize both the efficiency and effectiveness of the 1984 effort. In order to assure that the 1984 service delivery plan is responsive to the needs and resouces of both the Migrant Education Program and the Migrant Health Program, representatives of both have formed a task force to work together in the formulation of the plan. Representing the Migrant Education Director's Association are Mary Pilkington, Richard Duarte and Jo Deller. Representing Migrant Health Program are Chuck Stout, Terri Swanson, Margie Tate and Harriet Palmer-Willis. At this writing, the task force has met on two occasions and will meet at least one more time prior to presenting the 1984 proposal to the State Board of Education.

Some of the 1984 adjustments contemplated and currently under discussion are as follows:

1. Placement of 6 R.N.'s and 6 half-time aides in the highest migrant impact areas during the winter and fall months. These mini-teams would deliver health assessments to migrant families of children enrolled in the Migrant Education Program year-round. Because funding would be derived from the Migrant Health Program only, eligibility would of necessity be limited to migrant students (and families) who meet the specific definition of the national Migrant Health Program.

2. Use school buildings during evening hours as sites for "family health clinics". These would be on different nights than regularly scheduled "family nights".

3. Begin summer-hire nurses two-weeks early to allow for complete record review and preparation for screening and referral services.

4. Increase program involvement in pre-season training of Migrant Education staff (medical record protocols, first aid, utilization of units on health education/health promotion.)

5. Develop site-specific mechanisms to continue necessary care after the close of the summer schools.

6. Pre-arrange regular meetings between health personnel and education personnel throughout the summer school session; exit interviews with school principal specified in job description of health personnel.

APPENDIX
COMPARATIVE STATISTICS BY SCHOOL SITE
- 1983 -

The tables presented in this section are intended to meet three objectives:

1. To provide supporting data for the summary statistics presented in the body of this report;

2. To provide for site-by-site comparisons related to incidence and follow-up;

3. To provide planning information which will maintain and enhance current efforts.

TABLE XVI

IMMUNIZATIONS OFFERED
- 1983 -

SITE	IMMUNIZATIONS COMPLETE (FOR AGE)	IMMUNIZATIONS INCOMPLETE	TOTAL CHILDREN IMMUNIZED	TOTAL GIVEN
Brighton	54	18	11	24
Fort Lupton	99	22	11	13
Longmont	188	3	0	0
Kersey	160	40	19	39
Fort Collins	87	14	13	30
Fort Morgan	4	5	9	19
Sterling	41	2	1	2
Burlington	53	0	3	6
Lamar	77	5	0	0
Rocky Ford	125	49	1	3
Pueblo	12	2	14	29
Alamosa	*N/A	*N/A	6	8
Grd. Junction	122	23	31	56
Olathe	54	4	22	47
TOTAL:	1076	187	141	276

*Not Available

TABLE XVII

VISION PROBLEMS - INCIDENCE/FOLLOW-UP
- 1983 -

SITE	# SCREENED	ABNORMALS IDENTIFIED		ABNORMALS FOLLOW-UP	
		NUMBER	PERCENTAGE	NUMBER	PERCENTAGE
Brighton	92	5	5.4	5	100
Fort Lupton	123	23	18.7	11	48.8
Longmont	185	21	11.4	21 ref.* (11 rmed)	100
Kersey	199	15	7.5	12	80
Fort Collins	101	6	5.9	4	66.6
Fort Morgan	87	12	13.8	7**	58.3
Sterling	41	9	21.9	8	88.9
Burlington	53	1	1.9	1	100
Lamar	98	2	2.0	2	100
Rocky Ford	151	5	3.3	4	80
Pueblo	76	13	17.1	9**	69.2
Alamosa	193	21	10.9	13	61.9
Grd. Junction	100	7	7	0	0
Olathe	58	7	12.1	7	100
TOTAL:	2557	147	9.4%	104	70%

* Follow-up is defined as those referred to outside providers.

** # Evalautions; some of these untreated due to lack of funds or over-referred.

TABLE XVIII

HEARING PROBLEMS - INCIDENCE/FOLLOW-UP
- 1983 -

SITE	# SCREENED	ABNORMALS IDENTIFED		ABNORMALS FOLLOWED-UP	
		NUMBER	PERCENTAGE	NUMBER	PERCENTAGE
Brighton	33	1	3.0	1	100
Fort Lupton	93	8	8.6	8	100
Longmont	45	5	11.1	5	100
Kersey	97	12	12.4	10	83.3
Fort Collins	101	4	3.9	4	100
Fort Morgan	77	0	0	0	100
Sterling	30	3	10.0	3	100
Burlington	53	1	1.9	1	100
Lamar	98	1	1.0	1	100
Rocky Ford	35	5	14.3	4	80
Pueblo	76	8	10.5	5	62.5
Alamosa	191	12	6.3	8	66.6
Grd. Junction	93	8	8.6	0	0
Olathe	58	2	3.4	1	50
TOTAL:	1,080	70	6.5%	51	72.9%

TABLE XIX

ELEVATED BLOOD PRESSURE - INCIDENCE/FOLLOW-UP
- 1983 -

SITE	# SCREENED	ABNORMALS IDENTIFIED		ABNORMALS FOLLOWED-UP	
		NUMBER	PERCENTAGE	NUMBER	PERCENTAGE
Brighton	89	1	1.1	1	100
Fort Lupton	126	7	5.5	1	14.3
Longmont	185	1	.5	1	100
Kersey	199	4	2.0	2	50
Fort Collins	101	3	2.9	3	100
Fort Morgan	81	0	0	-	-
Sterling	41	0	0	-	-
Burlington	53	0	0	-	-
Lamar	98	1	1	1	100
Rocky Ford	147	4	2.7	1	25
Pueblo	76	0	0	-	-
Alamosa	193	2	1.0	2	100
Grd. Junction	99	0	0	-	-
Olathe	58	1	1.7	1	100
TOTAL:	1,546	24	1.6%	13	54.2%

* Followed-up means referred to other providers, in this instance. It is unnecessary to refer each case of elevated blood pressure; for many, rechecking every six months construes follow-up.

TABLE XX

SCOLIOSIS - INCIDENCE/FOLLOW-UP
- 1983 -

SITE	# SCREENED	ABNORMALS IDENDIFIED		ABNORMALS FOLLOWED-UP	
		NUMBER	PERCENTAGE	NUMBER	PERCENTAGE
Brighton	23	2	8.7	2	100
Fort Lupton	9	0	0	-	-
Longmont	9	2	22.2	2	100
Kersey	32	3	9.4	2	66.7
Fort Collins	14	0	0	-	-
Fort Morgan	11	0	0	-	-
Sterling	6	0	0	-	-
Burlington	10	0	-	-	-
Lamar	45	1	2.2	*0	-
Rocky Ford	22	0	0	-	-
Pueblo	3	1	33.3	1	100
Alamosa	13	0	0	0	-
Grd. Junction	115	0	0	-	-
Olathe	42	1	2.4	1	100
TOTAL:	354	10	2.8%	8	80%

* Parents refused treatment

TABLE XXI
DENTAL PROBLEMS - INCIDENCE/FOLLOW-UP
- 1983 -

SITE	# SCREENED	ABNORMALS IDENTIFIED		ABNORMALS FOLLOWED-UP/ TREATMENT PROVIDED	
		NUMBER	PERCENT	NUMBER	PERCENT
Brighton	96	75	78.1	65	86.7
Fort Lupton	135	101	74.8	101	100
Longmont	183	172	94.0	159	92.4
Kersey	231	146	63.2	115	78.8
Fort Collins	78	54	69.2	39	72.2
Fort Morgan	89	48	53.9	44	91.7
Sterling	44	33	75.0	33	100
Burlington	43	34	79.1	11	32.4
Lamar	95	51	53.7	34	66.7
Rocky Ford	144	117	81.3	75	64.1
Pueblo (36 Medicaid)	76	54	71.1	52	96.3
Alamosa	206	121	58.7	59	48.8
Grd. Junction	130	78	60.0	64	82.1
Olathe	58	51	87.9	46	90.2
Com. City	32	31	96.9	10	32.3
TOTAL:	1,640	1,166	71.1%	907	77.8%

TABLE XXII
DESCRIPTION OF DENTAL FOLLOW-UP NEEDED
- 1983 -

SITE	# SCREENED	NEED ROUTINE DENT. CARE		NEED EMERGENCY DEN. CARE	
		NUMBER	PERCENT	NUMBER	PERCENT
Brighton	96	70	72.9	5	5.2
Fort Lupton	135	88	65.2	13	9.6
Longmont	183	166	90.7	6	3.3
Kersey	231	107	46.3	39	16.9
Fort Collins	78	51	65.4	3	3.8
Fort Morgan	89	40	44.9	8	9.0
Sterling	44	33	75.0	0	0
Burlington	43	32	74.4	2	4.7
Lamar	95	50	52.6	1	1.1
Rocky Ford	144	109	75.7	8	5.6
Pueblo	76	49	64.5	5	6.6
Alamosa	206	104	50.5	17	8.3
Grd. Junction	130	74	56.9	4	3.1
Olathe	58	45	77.6	6	10.3
Com. City	32	28	87.5	3	3.1
TOTAL:	1,640	1,046	63.8%	120	7.3%

TABLE XXIII

DENTAL FOLLOW-UP - STATUS OF TREATMENT/REASONS FOR NO TREATMENT

- 1983 -

SITE	# CHILDREN NEED. CARE	STAT. OF DENT. TREAT. RECEIVED		REASON WHY ABN. DID NOT REC. TREAT.		
		COMPLETE CARE	PARTIAL CARE	NOT REFER. (LOW PRIOR.)	NO CONS. FORM OR PAR. REF.	REFER. BUT MOV./NO TIME
Brighton	75	65	0	0	0	10
Fort Lupton	101	101	0	0	0	0
Longmont	172	159	0	0	0	13
Kersey	146	102	13	0	0	31
Fort Collins	54	17	22	11	0	4
Fort Morgan	48	31	13	0	0	4
Sterling	33	33	0	0	0	0
Burlington	34	11	0	22	0	1
Lamar	51	30	4	16	1	0
Rocky Ford	117	62	13	25	0	17
Pueblo (36 Med)	54	51	0	3	0	0
Alamosa	121	40	19	49	0	13
Grd. Junc.	78	54	10	7	3	4
Olathe	51	43	3	0	0	5
Com. City	31	10	0	21	0	0
TOTAL:	1,166	809	97	154	4	102

TABLE XI[illegible]
TYPE AND NUMBER OF DENTAL TREATMENT SERVICES IN DENTAL OFFICES
- 1983 -

SITE	DIAG	PREVENTIVE	RESTORATIVE	CROWNS/SP MAINTAINER	ENDO.	ORAL SURGERY	TOTAL SERVICES
Brighton	668	294	263	5	11	27	1,268
Ft. Lupton	820	342	335	2	12	25	1,536
Longmont	782	337	463	17	8	14	1,621
Kersey	66	31	491	52	14	58	712
Ft. Collins	117	12	199	12	8	11	359
Ft. Morgan	133	1	197	2	5	24	362
Sterling	105	1	198	13	8	8	333
Burlington	32	0	53	3	4	0	92
Lamar	110	0	177	22	12	1	322
Rock Ford	198	25	312	22	11	26	594
Pueblo	375	62	116	7	2	16	578
Alamosa	235	3	343	20	15	8	624
Grd. Junct.	177	5	230	16	13	17	458
Olathe	84	19	161	5	6	16	291
TOTAL:	3,902	1,132	3,538	198	129	251	9,150

TABLE XXV
COST* OF DENTAL SERVICES PROVIDED IN DENTAL OFFICES BY TYPE
- 1983 -

SITE	DIAG.	PREV.	REST.	CROWN/SP MAINT	ENDO	ORAL SURG.	TOTAL
Brighton	$ 0	$ 0	$1,500	$ 300	$ 100	$ 100	$ 2,000
Ft. Lupton	0	0	2,000	300	100	100	2,500
Longmont	113	72	1,547	145	13	0	1,890
Kersey	5	84	1,088	274	87	171	1,709
Ft. Collins	362	80	1,059	360	137	165	2,163
Ft. Morgan	365	11	1,306	40	150	160	2,032
Sterling	358	20	1,755	350	128	82	2,693
Burlington	85	0	281	0	0	0	366
Lamar	298	0	1,282	462	164	13	2,219
Rocky Ford	305	174	1,521	382	131	98	2,611
Pueblo	30	290	23	0	0	0	343
Alamosa	262	16	985	216	109	40	1,628
Grd. Junct.	10	0	190	120	0	0	320
Olathe	125	94	472	17	18	7	744
TOTAL:	$2,318	$ 841	$ 15,009	$2,966	$1,137	$ 936	$ 23,207

* Includes only costs paid by the Colorado Department of Education

TABLE XXVI
PREVENTIVE DENTAL SERVICES BY DENTAL HYGIENISTS
Prophylaxis, Topical Fluoride Application, Dental Counseling
- 1983 -

SITE	# DENTAL SCREENED	# RECEIVING PREVENTIVE SERVICES	
		NUMBER	PERCENT
Brighton	96	71	74.0
Fort Lupton	135	130	96.3
Longmont	183	162	88.5
Kersey	231	196	84.8
Ft. Collins	78	56	71.8
Ft. Mogran	89	80	89.9
Sterling	44	42	95.5
Lamar	95	86	90.5
Rocky Ford	144	97	67.4
Pueblo (36 Mediciad)	40	37	92.5
Alamosa	206	177	85.9
Grd. Junct.	130	108	83.1
Olathe	58	54	93.1
Com. City	32	4	12.5
TOTAL:	1,604	1,300	81.0%

TABLE XXVII
NUTRITION PROBLEMS - INCIDENCE/FOLLOW-UP
- 1983 -

SITE	# Screened	Nut. Prob. Incidence		Nut. Prob Follow-UP	
		Number	Percent	Number	Percent
Brighton	93	45	48	45	100
Fort Lupton	127	64	50	50	78.1
Longmont	175	63	92	53	84
Kersey	199	113	51	88	78
Ft. Collins	101	49	46	47	95
Ft. Mogran	89	48	54	42	88
Sterling	43	10	23	10	100
Lamar	98	60	61	52	93
Rocky Ford	136	101	74	85	84
Pueblo	76	31	41	18	58
Alamosa	173	94	54	94	100
Grd. Junct.	110	33	30	16	49
Olathe	58	19	33	18	95
TOTAL:	1,478	730	49.4%	618	84.7%

TABLE XXVIII
BELOW NORMAL HEMATOCRIT - INCIDENCE/FOLLOW-UP
- 1983 -

SITE	# Screened	Anemia Ident.		Anemia Follow-Up	
		#Abnomral	% Abnormal HCT HCT Vs.Screened	# Receiving Follow-Up	(%Abn. vs. # Follow-Up)
Brighton	93	20	23	20	100
Fort Lupton	127	27	23	23	85
Longmont	175	24	14	18	75
Kersey	199	66	33	66	100
Ft. Collins	101	11	11	11	100
Ft. Morgan	89	31	35	29	94
Sterling	43	7	16	7	100
Lamar	98	32	33	31	97
Rocky Ford	136	66	49	55	82
Pueblo	76	17	22	12	71
Alamosa	173	28	16	28	100
Grd. Junct.	110	20	29	9	100
Olathe	58	11	19	11	100
TOTAL:	1,478	360	25%	320	89%

TABLE XXIX
UNDERWEIGHT - INCIDENCE/FOLLOW-UP
- 1983 -

SITE	# Screened	Underweight Ident.		Underweight Follow-Up	
		Number	Percent	Number	Percent
Brighton	93	0	0	0	0
Fort Lupton	127	1	.8	1	100
Longmont	175	8	5	8	100
Kersey	199	6	3	1	17
Ft. Collins	101	3	3	3	100
Ft. Morgan	89	1	1	1	100
Sterling	43	2	5	2	100
Lamar	98	2	2	2	100
Rocky Ford	136	6	4	6	100
Pueblo	76	7	9	4	57
Alamosa	173	3	2	3	100
Grd. Junct.	110	6	5	3	50
Olathe	58	7	12	7	100
TOTAL:	1,478	52	6%	41	79%

TABLE XXX
OVERWEIGHT - INCIDENCE/FOLLOW-UP
- 1983 -

Site	# Screened	Overweight Identified		Overweight Follow-Up	
		Number	Percent	Number	Percent
Brighton	93	17	18	17	100
Fort Lupton	127	21	16	18	86
Longmont	175	23	13	15	65
Kersey	199	22	11	22	100
Fort Collins	101	13	13	12	92.1
Fort Morgan	89	12	13	8	67
Sterling	43	4	9	4	100
Lamar	98	21	21	19	90
Rocky Ford	136	18	13	12	100
Pueblo	76	6	8	6	100
Alamosa	173	30	17	30	100
Grd. Junc.	110	4	4	4	100
Olathe	58	1	2	1	100
TOTAL:	1,78	192	13%	168	88%

TABLE XXXI
SHORT STATURE - INCIDENCE/FOLLOW-UP
- 1983 -

Site	# Screened	Short-Stature Identified		Short Stature Follow-Up	
		Number	Percent	Number	Percent
Brighton	93	22	24	22	100
Fort Lupton	127	30	24	20	67
Longmont	175	23	13	11	48
Kersey	199	43	22	17	40
Fort Collins	101	25	23	25	100
Fort Morgan	89	20	22	16	80
Sterling	43	4	9	4	100
Lamar	98	15	15	9	60
Rocky Ford	136	47	35	34	72
Pueblo	76	3	4	1	33
Alamosa	173	47	27	47	100
Grd. Junc.	110	3	3	0	0
Olathe	58	4	7	3	75
TOTAL:	1,478	286	19%	209	73%

TABLE XXXII
"OTHER"* NUTRITION PROBLEMS - INCIDENCE/FOLLOW-UP
- 1983 -

Site	# Screened	"Other" Prob. Identified		"Other" Prob. Follow-Up	
		Number	Percent	Number	Percent
Brighton	93	0	0	0	0
Fort Lupton	127	0	0	0	0
Longmont	175	1	.005	1	100
Kersey	199	1	.005	1	100
Fort Collins	101	6	6	5	83
Fort Morgan	89	0	0	0	0
Sterling	43	0	0	0	0
Lamar	98	5	5	5	100
Rocky Ford	136	0	0	0	0
Pueblo	76	0	0	0	0
Alamosa	173	12	1	12	100
Grd. Junc.	110	0	0	0	0
Olathe	58	0	0	0	0
TOTAL:	1,478	25	2%	24	96%

"Other" includes , hypertension, congestive heart disease, anorexia, nausea, vomiting, food allergies, osgood schlattler's disease, Dut./Drug Interaction, Dental.

TABLE XXXII

HEALTH EDUCATION SERVICES BY NURSES

- 1983 -

Site	Family Night Presentations		Group Encounters		Staff In-service	
	#	#People	#	#People	#	#People
Brighton	0	0	1	18	0	0
Fort Lupton	0	0	0	0	4	11
Longmont	1	35	3	61	4	12
Kersey	0	0	10	199	31	169
Fort Collins	1	120	9	151	5	59
Fort Morgan	0	0	0	0	0	0
Stering	0	0	2	28	2	7
Burlington	0	0	0	0	0	0
Lamar	2	10	0	0	1	4
Rocky Ford	1	45	2	40	6	70
Pueblo	0	0	21	391	0	0
Alamosa	2	400	10	250	5	65
Grd. Junc.	7	106	0	0	3	35
Olathe	1	30	8	130	3	14
TOTAL:	15	746	66	1,268	64	446

TABLE XXX

HEALTH EDUCATION SERVICES BY DENTAL HYGIENISTS

- 1983 -

Site	Family Night Presentations		Group Encounters		Statt In-Services	
	#	#People	#	#People	#	#People
Brighton	0	0	0	0	0	0
Fort Lupton	0	0	6	5	2	14
Longmont	1	20	10	253	3	15
Kersey	0	0	0	0	0	0
Fort Collins	3	20	3	36	2	21
Fort Morgan	0	0	2	46	2	8
Sterling (Est.)	0	0	6	90	0	0
Burlington	0	0	0	0	0	0
Lamar	0	0	10	150	2	2
Rocky Ford	1	450	3	46	1	17
Pueblo	0	0	17	60	1	10
Alamosa	1	300	38	980	8	77
Grd. Junc.	0	0	9	110	0	0
Olathe	0	0	15	57	0	0
TOTAL:	6	790	119	1,882	21	164

TABLE XXXV

HEALTH EDUCATION SERVICES BY NUTRITIONISTS

- 1983 -

Site	Family Night		Group Encounter		Staff Inservices	
	#	#People	#	#People	#	#People
Brighton Fort Lupton	1	20	4	37	5	51
Longmont	2	20	6	157	5	26
Kersey (No Family Night)	0	0	20	366	2	28
Fort Collins	1	60	2	34	3	30
Fort Morgan	0	0	8	196	1	3
Sterling	0	0	2	3	3	24
Burlington	0	0	0	0	0	0
Lamar	1	50	20	168	2	8
Rocky Ford	0	0	6	111	1	3
Pueblo	0	0	17	60	0	0
Alamosa	1	400	15	275	2	24
Grd. Junc.	0	0	2	10	0	0
Olathe	1	100	9	123	0	0
TOTAL	7	650	111	1,541	24	197